

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS108AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLESTON RESIDENTIAL CARE HOTEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2121 W CHARLESTON BLVD LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility on 9/10/10 through 12/15/10. This investigation was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 120. One resident file was reviewed and zero employee files were reviewed.</p> <p>The complaint investigation process was initiated by the Bureau of Health Care Quality and Compliance on 9/10/10.</p> <p>Complaint #NV00026425:</p> <ul style="list-style-type: none"> <li>- The allegations regarding dirty carpets, floors and bathrooms was substantiated through observations, and interview. See TAG Y0178.</li> <li>- The allegation regarding a room search without the resident's knowledge to find over the counter medications, suppositories and stool softener without a prescription was substantiated through review of the complainant's facility file, and interviews with the complainant and the facility Business Manager. See TAG Y590.</li> <li>- The allegation of roaches in the facility, urine and feces odors and ceiling tile water stains was unsubstantiated. The investigation included</li> </ul>	Y 000			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1  direct observation in 12 sampled bedrooms and all hallways and common areas in the facility, review of the pest control contract, and interviews with the administrator and residents regarding any past observations of pest problems and problems with leaks through the ceiling. - The allegation of a management team member not caring about the residents and always staying in her office could not be investigated thoroughly as the employee had resigned prior to the investigation.	Y 000			
Y 178 SS=E	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation on 10/14/10, the facility failed to ensure the premises was clean and well maintained for 5 of 12 sampled rooms on the second floor of the west side of the facility found to have badly soiled carpet/floor or a toilet requiring cleaning. (Bedrooms #228, #229, and #232 had badly soiled carpets. Bedrooms #221, #227, and #228 had dirty toilets. Bedroom # 221 had a dirty bathroom floor).  Severity: 2 Scope: 2	Y 178			
Y 590 SS=D	449.268(1)(a) Resident Rights	Y 590			

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Y 590	<p>Continued From page 2</p> <p>NAC 449.268</p> <p>1. The administrator of a residential facility shall ensure that:</p> <p>(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview from 9/10/10 to 12/15/10, the administrator failed to ensure that a resident's right to privacy and retention of their personal property was not exploited.</p> <p>Severity: 2 Scope: 1</p>	Y 590			

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